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APPLICATION NO.	FIL	ING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/488,470	0/488,470 01/20/2000		Neelakantan Sundaresan	AM9-99-0199	4484	
	7590	09/24/2002				
Samuel A. Kassatly				EXAMINER		
6819 Trinidad Drive San Jose, CA 95120				NGUYEN, TAM V		
				ART UNIT	PAPER NUMBER	
				2172		
			•	DATE MAILED: 09/24/2002		

Please find below and/or attached an Office communication concerning this application or proceeding.

If



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	APPLICATION NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTORN	IEY DOCKET NO.
	09/488,470	01/20/00	Neolakantan	AM9-99-0199	
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				ART UNIT	PAPER NUMBER
				2172	6
		inte	da Rview Summary	ate mailed:	
All p	participants (applicant, applicar	nt's representative, PTO persor	nnel):		
(1)_	Tam Nguy	ven j	(3) Samuel A	. Kassa	7/4
(2)_	Alford Kind	lored	(4)		<u>, </u>
Date	e of Interview 9/17/0	2			
Тур	e: Telephonic Televide	eo Conference Personal (o	copy is given to 🔲 applicant 🗀 ap	oplicant's represen	tative).
Exh	ibit shown or demonstration co	nducted: Yes No If yo	es, brief description:		·
Agr	eement 🗆 was reached. 🕏	was not reached.			
Clai	m(s) discussed:				
lder	ntification of prior art discussed				
					•
Des	cription of the general nature of	of what was agreed to if an agre	eement was reached, or any other co	omments:	_
•	The applicant	described the	general nature	ou the	investion
((a.e." interac	tive Criteria (general nature "(oating data"),	and "on	n-line rankin
mus	uller description, if necessary, at be attached. Also, where no ched.)	and a copy of the amendments copy of the amendments whic	s, if available, which the examiner ag h would render the claims allowable i	reed would render is available, a sumi	the claims allowable mary thereof must be
Q	It is not necessary for applic	ant to provide a separate reco	rd of the substance of the interview.		
IS N actio	IOT WAIVED AND MUST INCL	UDE THE SUBSTANCE OF T PLICANT IS GIVEN ONE MO	contrary. A FORMAL WRITTEN RE THE INTERVIEW. (See MPEP Sectio NTH FROM THIS INTERVIEW DATE	on 713.04). If a repl	y to the last Office

FORM PTOL-413 (REV. 2-98)

Examiner Note: You must sign this form unless it is an attachment to another form.